





# Rx Drug Affordability Board PBM Regulation – NH Insurance Statutes

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## Pharmacy Benefit Management

- Administering Rx benefits for:
  - a fully insured product = client of health carrier
  - a self-insured employer =
    - TPA
    - PBM
    - Utilization review entity

#### NH Insurance Statutes for PBMs

#### RSA 420-J Managed Care Law

- 420-J:7-b Prescription Drugs
- 420-J:8 Provider Contract Standards
- 420-J:7 Network Adequacy
- 420-J:19 Medication Synchronization

#### 420-E Licensure of UR Entities

 420-E:4-a Uniform Prior Authorization Forms and Electronic Standard for Prescription Drug Benefits

## NH Insurance Statutes for PBMs

- 420-B:12 HMO Prohibited Practices
  - "V. Every health maintenance organization which solicits bids from pharmacies for contracts to be preferred providers shall accept and list as preferred providers all pharmacies which meet the bid acceptable to the health maintenance organization."

### NH Insurance Statutes for PBMs

- 402-N Pharmacy Benefit Managers
  - Substantial overlap with RSA 420-J
  - Additional requirements include:
    - 402-N:2 Registration to do Business
    - 402-N:6 Pharmacy Benefits Manager Reporting
      - I. Each pharmacy benefits manager shall submit an annual report to the commissioner containing a list of health benefit plans it administered, and the aggregate amount of all rebates it collected from pharmaceutical manufacturers that were attributable to patient utilization in the state of New Hampshire during the prior calendar year.
    - 402-N:7 Authority to Examine and Directly Bill Pharmacy Benefits Managers for Certain Examinations

## Not insurance

#### RSA 318 – Pharmacists and Pharmacies

- Section 318:68
  - I. A prescription drug manufacturer shall notify the department in writing if it is introducing a new prescription drug to market at a wholesale acquisition cost that exceeds the threshold set for a specialty drug under the Medicare Part D program. (continues)
- 318:67 Definitions. -
  - I. "Department" means the insurance department.

# Thank You



#### **Contact Information**

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